

Sensory:

	Yes	No	Describe any abnormality
Light Touch	✓	/	
Sharp/dull	/	/	<i>slight decreased distal R/L</i>
Vibration	✓	/	
Position	✓	/	
Other	/	/	
			<i>Needs minimal to moderate help getting up from sitting in wheelchair - (knee)</i>

Gait:

	Normal	Abnormal	Describe any abnormality
Heel Walk	✓	/	
Toe Walk	✓	/	
Tandem	/	✓	
Romberg:	✓	/	<i>slightly unsteady</i>

IMPRESSION

*Major Problem appears to be arthropathic - knees, ankles, fingers.
 He tries to hide it - but appears to be depressed.
 Notable clippshensis - P/B Hyperthyroid
 Cognitive - On testing minor problems. By history = depression, has memory problems, distractible.*

*Pt: ① Needs regular fitness regimen - I suggested Water running (he says he has a pool available)
 ② He needs psychological support.
 ③ He should be tested for sleep pattern including apnea
 ④ Give home program for Headaches
 Assess: I don't think neurologically he is employable
 mainly because of pain in (knees & back)
 (See Dictation)*

Peter Dunne
 Signature of Neurologist

4/14/2015
 Date

Case: 19-10651 Date Filed: 05/10/2019 Page: 2 of 40

MONTREAL COGNITIVE ASSESSMENT (MOCA®)
Version 7.2 Alternative VersionNAME: Darren Mickell
Education: Date of birth: 1970
Sex: M DATE: 4.15.2015

VISUOSPATIAL / EXECUTIVE						POINTS			
			 			Draw CLOCK (Five past four) (3 points)			
<input checked="" type="checkbox"/> [1]			<input checked="" type="checkbox"/> [1]						
						<input type="checkbox"/> Contour <input checked="" type="checkbox"/> Numbers <input type="checkbox"/> Hands			
						4/5			
NAMING									
<input type="checkbox"/>			<input type="checkbox"/>			[1]			
						3/3			
MEMORY		Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.		TRUCK	BANANA	VIOLIN	DESK	GREEN	No points
		1st trial							
		2nd trial							
ATTENTION		Read list of digits (1 digit/sec.).		Subject has to repeat them in the forward order		[✓] 3 2 9 6 5		2/2	
				Subject has to repeat them in the backward order		[✓] 5 2 9 6 3			
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors [] F B A C M N A A J K L B A F A K D E A A J A M O F A A B							(had 2 errors)		
Serial 7 subtraction starting at 90 [✓] 83 [✓] 76 [✓] 69 [✓] 62 [✓] 55							0/1		
4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt							3/3		
LANGUAGE		Repeat: A bird can fly into closed windows when it's dark and windy. [] The caring grandmother sent groceries over a week ago. []						2/2	
Fluency / Name maximum number of words in one minute that begin with the letter S [1] 13 (N ≥ 11 words)							1/1		
ABSTRACTION		Similarity between e.g. carrot - potato = vegetable. [✓] diamond - ruby [✓] cannon - rifle						2/2	
DELAYED RECALL		Has to recall words WITH NO CUE	TRUCK	BANANA	VIOLIN	DESK	GREEN	Points for UNCUED recall only	
		[✓]	[]	[✓]	[]	[✓]			
Optional		Category cue							
ORIENTATION		[✓] Date	[✓] Month	[✓] Year	[✓] Day	[✓] Place	[✓] City	5/6	
Adapted by: Z. Nasreddine MD, N. Phillips PhD, H. Chertkow MD © Z. Nasreddine MD www.mocatest.org Administered by: Peter Dunn							Normal ≥ 26 / 30		
							TOTAL 25/30		
							Add 1 point if ≤ 12 yr edu		

MICKELL-1239

A1355

04/27/2015 12:23 group, d law

(FAX)954 989 9999

P.002/008

D I L A W G R O U P

Paulino-Grisham, Smith, & Chmielarz, P.A.

April 28, 2015

Sent Via U.S. Mail & Facsimile: (410) 783-0041

Retirement Board for the
 Bert Bell/Pete Rozelle NFL Player Retirement Plan
**Attn.: Paul Scott, Director of Disability Benefits
 & Megan Anderson, Benefits Coordinator**
 200 St. Paul Street, Suite 2420
 Baltimore, MD 21208-2008

**RE: Name: Darren Mickell
 Incident #: Total and Permanent Disability Benefits**

Dear Mr. Scott and Ms. Anderson:

Due to the very short notice regarding the IMEs which took place just this month, we were unable to obtain and provide you with copies of updated medical records from Mr. Mickell's treating physician until now. As the review of his claim remains open, these records are to be included as part of that review and his claim file. As there are very few pages to review, please forward them to all IME physicians to review and consider when preparing their report.

Should you have any questions or wish to further discuss this matter, please do not hesitate to contact me at (954) 989-9000.

Very truly yours,

Mindy L. Chmielarz,
 For the Firm

cc: Alvaro Anillo via facsimile and Mail



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Nationwide

if 888.644.2644

Broward (Correspondences)

4151 Hollywood Boulevard
 Hollywood, Florida 33021
 ofc 954.989.9000
 fax 954.989.9999

West Palm Beach

224 Datura Street, Suite 402
 West Palm Beach, Florida 33401
 ofc 561.202.9170
 fax 561.202.9194

RBM 05/14/2015

MICKELL-1241

A1357

Case: 19-10651 Date Filed: 05/10/2019 Page: 5 of 40

04/27/2015 12:23 group: djlaw

(FAX)954 989 9999

P.003/008

P6

Patient Name: Mickell, Darren

Date: 4/6/15

D.O.E.

70

Vital Signs: B/P 130/80 P 80 R 14 HT 65 WT 212 TEMP 98.1 Allergy

Reason for visit: Labs Results

Examinations	Normal	Describe Abnormalities
Skin: Lesions, scars, wound		
Eyes: Discharge strabismus, Pterygium, ptosis, cataract, redness		
Ears: loss of hearing, middle ear or mastoid disease, drums: absent perforated dull, retracted discharge		
Nose :Obstruction, evidence of chronic sinus infection, polyps, excoriations		
Throat: Tonsils, enlargement, removed, erythema, exudate		
Mouth: Oral hygiene, abnormal tongue, palate, dental decay, or cavities.		P5 N
Neck: Thyroid enlargement, nodules, tenderness, carotid bruit, or JVD.		
Breast: Tenderness, mass, nipple retraction, skin changes, or discharge.		3
Lungs: Respiratory movement, breath sounds, crackles, dullness, wheezing, Rhonchi.		
Heart: Enlargement, thrills, murmurs, gallop, rhythm.		
Abdomen : scars, masses, palpable, kidney, liver or spleen, tenderness, bowel sounds		
Hernia: Site, type, severity.		
Genitalis -Male Discharge, varicocele, hydrocele, prostate.		
Gynecological Describe significant abnormal condition. Severity and extent		
Anal- Rectal: Severity and extent of hemorrhoids, prolapsed, fissure, fistula		
Nervous System: Cranial, motor, sensory, vibratory, reflexes, planters.		
Psychiatric: Mood, abnormal behavior.		
Nodes: Cervical, axillary, femoral.		
Extremities: Clubbing, cyanosis, edema, amputations, pulses, varicose.		
Musculo-Skeletal: Decreased ROM, Joint tenderness.		

Assessment (10%)

Pa

1. Dushanbe
2. V.I.P. Rd
3. 16W. testost

Follow up _____ Days _____ Weeks _____

Marie D. Decastin MD, Joseph James ABNP, Nathalie Koenig DO

RBM, 05/14/2015

T#: 9549899999
Page: 2/7

REF ID: A91456

APR-22-2015 13:37 From: FMC

MICKELL-1242

A1358

04/27/2015 12:24 group, d law

(FAX) 954 989 9999

P.004/008

R 1

Patient Name Mickell, DarrenDate: 4-3-15

D.O.

.70Vital Signs: B/P 122, 80 P 72 R 14 HT 65" WT 277 TEMP 98.3 Allergy N/AReason for visit: Check up, blood work, lower back pain, pain in both knees x 2 weeks

Examinations	Normal	Describe Abnormalities
Skin: Lesions, scars, wound		
Eyes: Discharge strabismus, Ptosis, cataract, redness		<u>no abnormal physical</u>
Ears: loss of hearing, middle ear or mastoid disease, drums: absent perforated dull, retracted discharge		
Nose :Obstruction, evidence of chronic sinus infection, polyps, excoriations		<u>sports injuries</u>
Throat: Tonsils, enlargement, removed, erythema, exudate		
Mouth: Oral hygiene, abnormal tongue, palate, dental decay, or cavities.		
Neck: Thyroid enlargement, nodules, tenderness, carotid bruit, or JVD.		
Breast: Tenderness, mass, nipple retraction, skin changes, or discharge.		
Lungs: Respiratory movement, breath sounds, crackles, dullness, wheezing, Rhonchi.		
Heart: Enlargement, thrills, murmurs, gallop, rhythm.		
Abdomen : scars, masses, palpable, kidney, liver or spleen, tenderness,, bowel sounds		
Hernia: Site, type, severity.		
Genitals -Male Discharge, varicocele, hydrocele, prostate.		
Gynecological Describe significant abnormal condition. Severity and extent.		
Anal- Rectal: Severity and extent of hemorrhoids, prolapsed, fissure, fistula		
Nervous System: Cranial, motor, sensory, vibratory, reflexes, planters.		
Psychiatric: Mood, abnormal behavior.		
Nodes: Cervical, axillary, femoral.		
Extremities: Clubbing, cyanosis, edema, amputations, pulses, varicose.		
Musculo-Skeletal: Decreased ROM, Joint tenderness.		

Assessment

Plan

Normal physicalRoutine labs.Knee p painEKG.low back painVoltaren 100 mg PO BIDHydrocelePlesant 100 mg PO BIDFollow up Days Weeks

Month

Self-pain Control

Marie D. DeCastro M.D., Joseph James ARNP, Nathalie Koenig DO

RBM 05/14/2015

Page: 3/7

To: 9549899999

9546163030

PPR-22-2015 13:37 From: FMC

MICHELL-1243

A1359

10

Patient Name: Mickell Darren Date: 10-29-14 D.O.B. 70

Vital Signs: B/P 120 / 84 P 92 R 17 HT 65 WT 265 TEMP 98.5 Allergy NA

Reason for visit: NP are op clearance.

Examinations	Normal	Describe Abnormalities
Skin: Lesions, scars, wound		
Eyes: Discharge strabismus, Pterygium, ptosis, cataract, redness		
Ears: loss of hearing, middle ear or mastoid disease, drums: absent perforated dull, retracted discharge		
Nose : Obstruction, evidence of chronic sinus infection, polyps, excoriations		
Throat: Tonsils, enlargement, removed, erythema, exudate		
Mouth: Oral hygiene, abnormal tongue, palate, dental decay, or cavities.		
Neck: Thyroid enlargement, nodules, tenderness, carotid bruit, or JVD.		
Breast: Tenderness, mass, nipple retraction, skin changes, or discharge.		
Lungs: Respiratory movement, breath sounds, crackles, dullness; wheezing, Rhonchi.		
Heart: Enlargement, thrills, murmurs, gallop, rhythm.		
Abdomen : scars, masses, palpable, kidney, liver or spleen, tenderness, bowel sounds		
Hernia: Site, type, severity.		
Gen pros		
Gyn		
Seve		
Anal prol.		
Nerv efec		
Eye		
Pla		

prec 58

W. H. G.

One for
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A diagram consisting of two parts. On the left, there is a curve with an arrow pointing from left to right, labeled with the number '3'. On the right, there is a straight line with an arrow pointing from right to left, labeled with the number '4'.

Joseph James, M.D. / Senthurai Bal, M.D.

RBM 05/14/2015

Page:47

T.º: 954989999

9546163030

APR-22-2015 13:37 From: FMC

MICKELL-1244

Case: 19-10651 Date Filed: 05/10/2019 Page: 8 of 40

04/27/2015 12:25 group, dlw

(FAX) 954 989 9999

P.006/008

Specimen ID: 093-291-0510-0
Control ID:

MICKELL, DARREN

For Rec 4/4/15 AM
Patient Report

Acct #: 09312485

Phone: (954) 616-2020

Rte: 04

Family Medical Center
1150 N University Drive
Pembroke Pines FL 33024

Patient DetailsDOB: [REDACTED] 1970
Age(y/m/d): 04/06/00
Gender: M SSN: _____
Patient ID: _____**Specimen Details**Date collected: 04/03/2015 1236 Local
Date entered: 04/03/2015
Date reported: 04/04/2015 0743 ET**Physician Details**Ordering: S RAJ
Referring:
ID: _____
NPI: 1578599166**Ordered Items**

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; Vitamin B12 and Folate; Testosterone, Serum; TSH; Vitamin D, 25-Hydroxy

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	4.9		x10E3/uL	3.4 - 10.8	01
RBC	5.14		x10E6/uL	4.14 - 5.80	01
Hemoglobin	15.8		g/dL	12.6 - 17.7	01
Hematocrit	45.8		%	37.5 - 51.0	01
MCV	89		fL	79 - 97	01
MCH	30.7		pg	26.6 - 33.0	01
MCHC	34.5		g/dL	31.5 - 35.7	01
RDW	14.1		%	12.3 - 15.4	01
Platelets	222		x10E3/uL	150 - 379	01
Neutrophils	50		%		01
Lymphs	43		%		01
Monocytes	5		%		01
Eos	2		%		01
Basos	0		%		01
Neutrophils (Absolute)	2.4		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.2		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	119	High	mg/dL	65 - 99	01
BUN	11		mg/dL	6 - 24	01
Creatinine, Serum	1.33	High	mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	65		mL/min/1.73	>59	
eGFR If African Am	75		mL/min/1.73	>59	
BUN/Creatinine Ratio	8	Low		9 - 20	
Sodium, Serum	142		mmol/L	134 - 144	01
Potassium, Serum	5.1		mmol/L	3.5 - 5.2	01
Chloride, Serum	101		mmol/L	97 - 108	01
Carbon Dioxide, Total	24		mmol/L	18 - 29	01
Calcium, Serum	9.5		mg/dL	8.7 - 10.2	01

Date Issued: 04/04/15 0743 ET

FINAL REPORT

Page 1 of 3

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RB M 05/14/2015

Page: 5/7

To: 9549899999

9546163030

APR-22-2015 13:37 From: FMC

MICHELL-1245

A1361

04/27/2015 12:25 group, d/law

(FAX)954 989 9999

P.007/008



Patient Report

Patient: MICKELL, DARREN
DOB: 10/03/1970

Control ID:

Specimen ID: 093-291-0510-0
Date collected: 04/03/2015 1236 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Protein, Total, Serum	7.0		g/dL	6.0 - 8.5	01
Albumin, Serum	4.4		g/dL	3.5 - 5.5	01
Globulin, Total	2.6		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.4		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	59		IU/L	39 - 117	01
AST (SGOT)	30		IU/L	0 - 40	01
ALT (SGPT)	22		IU/L	0 - 44	01
Lipid Panel					
Cholesterol, Total	208	High	mg/dL	100 - 199	01
Triglycerides	93		mg/dL	0 - 149	01
HDL Cholesterol	48		mg/dL	>39	01
Comment					01
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.					
VLDL Cholesterol Cal	19		mg/dL	5 - 40	
LDL Cholesterol Calc	141	High	mg/dL	0 - 99	
Vitamin B12 and Folate					
Vitamin B12	539		pg/mL	211 - 946	01
Folate (Folic Acid), Serum	13.4		ng/mL	>3.0	01
Note:					01
A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.					
Testosterone, Serum					
Testosterone, Serum	288	Low	ng/dL	348 - 1197	01
Comment:					
Adult male reference interval is based on a population of lean males up to 40 years old.					
TSH	1.610		uIU/mL	0.450 - 4.500	01
Vitamin D, 25-Hydroxy	15.3	Low	ng/mL	30.0 - 100.0	01
Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).					
1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.					
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.					

01 TA	LabCorp Tampa 5610 W LaSalle Street, Tampa, FL 33607-1770	Sean Farrier, MD
-------	--	------------------

Date Issued: 04/04/15 0743 ET

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Page 2 of 3

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RBM 05/14/2015

Page: 6 / 7 To: 9549899999

9546163030

APP-22-2015 13:38 From: FMC

MICHELL-1246

A1362

04/27/2015 12:25 group, d law

(FAX)954 989 9999

P.008/008



Patient Report

Patient: MICKELL, DARREN
DOB: 10/03/1970

Control ID:

Specimen ID: 093-291-0510-0
Date collected: 04/03/2015 1236 Local

For inquiries, the physician may contact Branch: 800-877-5227 Lab: 800-877-5227

Date Issued: 04/04/15 0743 ET

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Page 3 of 3

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Page: 7/7

To: 9549899999

9546163030

HRK-CC-G99 12:38 PM 11/19/2018

MICKELL-1247

A1363

04/29/2015 14:00 group, dilaw

(FAX) 954 989 9999

P.002/003



Paulino-Grisham, Smith, & Chmielarz, P.A.

April 29, 2015

Sent Via U.S. Mail & Facsimile: (410) 783-0041

Retirement Board for the
 Bert Bell/Pete Rozelle NFL Player Retirement Plan
 Attn.: Paul Scott, Director of Disability Benefits
 & Megan Anderson, Benefits Coordinator
 200 St. Paul Street, Suite 2420
 Baltimore, MD 21208-2008

RE: Name: Darren Mickell
Incident #: Total and Permanent Disability Benefits

Dear Mr. Scott and Ms. Anderson:

As I have not received a response to my previous letter in which I enclosed updated medical records from Mr. Mickell's treating physician, I will assume that copies of those records were added to his claim file and provided to three IME physicians to whom you sent Mr. Mickell in the last 2 weeks.

Additionally it should be noted that following the written portion of the neuropsychological testing with Sutapa Ford, Ph.D. in Durham, North Carolina on April 27, 2015, Dr. Ford advised Mr. Mickell that she had no time to do the neuropsychological interview with him that day. She noted to him that she felt she was being rushed by the NFL to get this done quickly and then advised him that she would call him the following day for the interview. Dr. Ford never attempted to contact Mr. Mickell on April 28th and he flew home on his scheduled flight.

As Dr. Ford knows, the interview portion of the examination is important to further interpreting the extent of cognitive impairment. Additionally, the patient's answers and observed behavior during the interview provide the administering neuropsychologist with the opportunity to explain why the patient was not malingering (if that is indicated in the written test results) and to explain any apparent enhanced cognitive impairment findings. Questions and observations about mood provide insight as to how feeling worried, upset or down could affect a person's attention, concentration, or memory and allow the administering neuropsychologist to better understand how the patient's emotions may have affected his scores.



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 fax 954.989.9999
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 224 Datura Street, Suite 402
 West Palm Beach, Florida 33401
 ofc 561.202.9170
 fax 561.202.9194

RBM 05/14/2015

MICKELL-1249

A1365

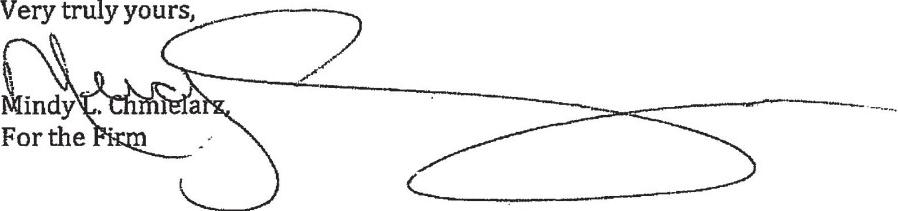
Page 2 of 2

Claimant: Darren Mickell

Finally, as you did prior to your previous determination in this matter, please forward a copy of each Independent Medical Examination Report to my attention for review and comment.

Should you have any questions or wish to further discuss this matter, please do not hesitate to contact me at (954) 989-9000. As always, your attention to this matter is greatly appreciated.

Very truly yours,


Mindy L. Chmielarcz
For the Firm

RBM 05/14/2015



MICKELL-1250

A1366



NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

Total & Permanent Disability Benefits

RECEIVED

PHYSICIAN'S REPORT FORM

APR 30 2015

NFL PLAYER BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Please notify Rose Mary Eves or Paul Scott at the Plan Office (Tel. No. (800)638-3186) if you are contacted by any of these individuals.

To Be Completed By Plan Office:

1. Player's Name Darren Mickell Date of Birth 1970
 2. Address 9250 Chelsea Dr, Miramar, FL 33025
 3. Credited Seasons 1992-1997, 1999-2000 Telephone (954)544-8203 M

4. When did you first examine the player? 6/14/2015 (Office)

5. Have you or have any of your partners ever treated the player? Yes ✓ No ✗

6. What is the nature of the impairment? Back, shoulders, Hip, knees

7. Impairment Information (attach additional sheets if necessary)

Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence?

Impairment to:	Impairment results from:	
<u>Lower back, Lumbosacral</u>	<input type="checkbox"/> Illness <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
<u>Lower back, @ 5th Disc</u>	<input type="checkbox"/> Illness <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
<u>Right hip, Right knee</u>	<input type="checkbox"/> Illness <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

George H. Canizares, M.D.
(Neutral Orthopaedist)

RBM 05/14/2015

MICKELL-1252

A1368

Physician's Report for **Darren Mickell**
Page 2

8. In your opinion, is the patient totally disabled to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

Yes _____

No

If you checked Yes:

- Specify the medical conditions and how these conditions prevent the Player from working.
-

- How long do you estimate the Player will be unable to be gainfully employed at any occupation? _____
-

If you checked No:

- In what type of employment can he engage?

*Light Duty, alternate sit/stand,
no prolonged walking, Driving OK*

9. Additional remarks by physician _____

Please attach the required Medical Report with this form.

Physician's Name (typed or printed): George H. Canizares, M.D.

Address All Florida Orthopaedics

4600 4th Street North

St. Petersburg, FL 33703

Telephone (727)527-5272

I certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narrative reports. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against this Player.

Signature

Examination Date

4/14/2015

Mail completed form with your narrative report to Rose Mary Eves at the Bert Bell/Pete Rozelle NFL Player Retirement Plan, 200 St. Paul Place, Suite 2420, Baltimore, MD 21202-2040.

RBM 05/14/2015

MICKELL-1253

A1369



ALL FLORIDA ORTHOPAEDIC ASSOCIATES

An Orthopaedic Center of Excellence

Lawrence M. Gnage, M.D.
Sports Medicine
Arthritis Treatment/Surgery

Brett R. Bolhofner, M.D.
Orthopaedic Trauma
Reconstructive Surgery

Clinton B. Davis, M.D.
Spinal Surgery
General Orthopaedics

Jorge A. Rodriguez, Jr., M.D.
Hand/Upper Extremity
Sports Medicine

William E. Lowry, M.D.
Joint Replacement
General Orthopaedics

George H. Canizares, M.D.
Sports Medicine
General Orthopaedics

Robert L. Swiggett, Jr., M.D.
Orthopaedic Trauma/Joint Replacement
General Orthopaedics

Matthew J. Swick, M.D., MBA
Foot & Ankle/Sports Medicine
General Orthopaedics

Jennifer M. Burns, M.D., M.S.
Interventional Pain Management

Kurt C. Hirshorn, M.D., MPH
Joint Replacement Surgery
General Orthopaedics

Paul J. Pagano, M.D.
Spinal Surgery
General Orthopaedics

Kanta C. Shah, M.D.
Physical Medicine & Rehab
Pain Management

Jeff D. Kopelman, D.P.M., M.S.
Podiatry

Stephen C. Anderson, M.D.
Radiology

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APR 30 2015

NFL PLAYER BENEFITS

April 14, 2015

NFL Disability Neutral Physical

Location of the Physical: All Florida Orthopaedics

Examiner: George H. Canizares, M.D.

RE: MICKELL, DARREN

MR#: 695716

DOB: [REDACTED] 1970

HISTORY

Mr. Mickell presents today for his NFL total and permanent physical. He is a 44-year-old male who began his high school football career in Miami Senior High School playing from 1985 to 1989. While he was there, he sprained his left knee but no surgery was required. He went on to the University of Florida where he played as a defensive end from 1989 to 1992. While he was there, he had two left knee surgeries done by Dr. Indelicato, which was the team doctor at that time. One was done on 8/22/1991, arthroscopic debridement. He had another one done on 1/23/1992, arthroscopic debridement with chondroplasty patellofemoral joint. He was picked up in the draft by Kansas City where he played from 1992 to 1995. While he was there, he had bilateral knee arthroscopic debridements. He is not sure whether he had a meniscectomy or not. He went on with the New Orleans Saints from 1995 to 1998. He had right shoulder arthroscopic rotator cuff repair in 1996. He finished his career with the San Diego Chargers from 1999 to 2000 where he had another left shoulder arthroscopic labral repair with distal clavicle resection in 2/5/2001. He also had his right hip drained a couple times. He retired officially in 2000.

CHIEF COMPLAINTS

Beginning with his neck. He gets some stiffness mostly with doing computer work while staring at a screen for long periods of time. He denies any mid back pain. Regarding his low back, he says it gets tight, it burns, locks, he has occasional right hamstring tingling and he has burning in both feet. Regarding the shoulders, he said they are stiff and they feel "unstable". He denies any elbow problems. Regarding his hand, he does have a contracture of the right fifth PIP joint.

P.O. Box 76359 • St. Petersburg, Florida 33734

1600 41st Street North • St. Petersburg, Florida 33703 • (727) 527-5272 • Fax (727) 522-7412

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MICKELL-1254

A1370

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NAME: MICKELL, DARREN
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Moving on to the lower extremity, he complains of right hip pain. This is the one he has documented tear of the labrum per MRI. He said it feels like he pulled his groin off and on that side. It is stiff and is painful with activities. He complains of having some swelling and pain and locking in his knee especially with stairs and squats and so forth. He denies any ankle or feet problems.

PAST MEDICAL HISTORY

Negative outside of what is stated, including depression, hypercholesterolemia, migraines.

PAST SURGICAL HISTORY

Includes left knee arthroscopic debridement and patellofemoral chondroplasty on 8/22/1991 and 1/23/1992 while with the University of Florida; bilateral knee arthroscopic debridements in 1995 while at Kansas City; right shoulder rotator cuff repair in 1996; and a left shoulder arthroscopic labral repair with distal clavicle resection in 2/5/2001.

FAMILY HISTORY

Noncontributory.

ALLERGIES

None.

CURRENT MEDICATIONS

Advil on occasion.

SOCIAL HISTORY

Admits to occasional alcohol, tobacco chewing. He said he last worked in 2012 in the freight business, but stopped due to the physical activity and the pain it was causing.

PHYSICAL EXAMINATION

He stands 6 feet 5 inches, 280 pounds. He is in fairly good physical shape. He has no particular tenderness in his neck or mid back. He does have some pain in the lower lumbar spine around L4-5. His neck flexion is 35, extension 30, right rotation 30, left rotation 25, right lateral flexion 30, left lateral flexion 20. Regarding the lumbar spine, he flexes to 90, extends to 15, right lateral bending 35, left lateral bending 25 and right and left rotation 25. Sensation is grossly intact throughout the upper and lower extremity. His reflexes are 2+ biceps, patella and Achilles reflexes equal and symmetrical bilaterally. His motor strength with few exceptions is 5/5. His quadriceps circumference is 48 cm bilaterally and his calf circumference is 40.5 cm in the right compared to 40 cm on the left foot.

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MICKELL-1255

A1371

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Moving on to the upper extremity examination, he does have some limitation in range of motion in the shoulders with arthroscopic healed port sites in both shoulders. He flexes to 155 on the left compared to 150 on the right, he extends to 40 degrees bilaterally, his internal rotation is 45 degrees bilaterally, his external rotation at 90 degrees of abduction is 70 degrees on the left compared to 80 degrees on the right and painful, abduction is 150 on the left, 155 on the right, adduction is 25 degrees bilaterally. He has full range of motion of his elbows from 0-130 degrees with full pronation and supination. He has full range of motion of both wrists with regard to flexion, extension, radial and ulnar deviation. Regarding his hands, the only obvious deformity is the right fifth digit. He has a 25 degree contracture of the PIP joint. He flexes to 90 degrees.

Moving on to the lower extremity examination, extension is about 10 degrees bilaterally. His flexion on the left is to 90, compared to 70 on the right, his external rotation is 30 degrees bilaterally, his internal rotation is 30 degrees on the left compared to 15 degrees on the right, his abduction is 40 degrees on the left, 30 degrees on the right and his adduction is 30 degrees on the left and 20 degrees on the right. He does reproduce discomfort on movement of his right hip. His knee range of motion 0-100 on the left, 0-120 on the right with crepitus on range of motion. He has no varus or valgus instability, negative anterior and posterior Drawer. He does have some healed arthroscopic portals of both knees. His ankle range of motion is 15 degrees dorsiflexion, 50 degrees of plantar flexion bilaterally, his eversion is 20 degrees, inversion 45 degrees, equal and symmetrical bilaterally. He does have a large spur anteriorly at the right MTP joint of the great toe. He flexes to 30 degrees and extends to 45 degrees on the left and flexes to 35 degrees and extends to 40 degrees on the right. Otherwise the rest of the foot is normal.

X-RAY REPORT

X-rays were evaluated, beginning with the cervical spine, 5 total views, AP, lateral, obliques open odontoid mouth view, showed some early degenerative changes with anterior spurring and some irregularity of the C5 vertebral body. He has narrowing from C4-5 and C5-6. There is no evidence of spondylolisthesis or fractures. X-rays of the lumbar spine were obtained including AP, lateral, obliques, coned down L5-S1 view, total of 5 views are negative for any obvious spondylolisthesis, fractures, loss of joint space, etc. X-rays of the shoulders were obtained, AP, Grashey, scapular Y, and axillary of both shoulders. The left shoulder shows some irregularity of the distal clavicle consistent with a distal clavicle resection. He has some moderate degenerative changes of both ac joints and some very mild early degenerative changes of the left shoulder. He has a small spur off the inferior humeral head. X-rays of the hands and wrists were obtained, AP, lateral bilaterally, total of 6, shows some mild irregularity of the PIP joint of the right fifth digit with a 30 degree contracture, otherwise unremarkable. Left wrist and hand appear normal. AP pelvis and AP and lateral of each hip, total of 5 views were obtained. There is no obvious loss of joint space of the hip joints, loose bodies, fractures, etc. X-rays of both knees were obtained, AP, lateral, 45 degree flexion, weightbearing view and sunrise of both knees, show some early to moderate narrowing with some irregularity of the patellofemoral joints bilaterally. There is no obvious loss of joint space of either the medial or lateral joint line bilaterally.

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REVIEW OF RECORDS

Patient came in with extensive amount of records with essentially most of it training room records. There are some operative reports, one is from Florida Surgical Center, operating surgeon was Dr. Indelicato, dated 2/14/1992; the procedure was left knee arthroscopy with arthroscopic plica excision. There is another operative report from 8/22/1991 from Shands Hospital, the operating surgeon was Dr. Indelicato; the procedure was a left knee chondroplasty patellofemoral joint. There are several MRI reports beginning with the cervical spine, done at Miami Dadeville Open MRI Center; the date is 6/17/2011, over impression was small herniated disc at C6-7 with posterior disc bulge at C4-5, C5-6, some loss of lordosis. MRI from Beaches MRI is the most current ones done on 4/12/2014. MRI of the neck showing a disc herniation at C5-6 which impinges the thecal sac and disc desiccation at C6-7, again impinging the thecal sac. There is an MRI of the lumbar spine from 4/12/2014 from Beaches MRI, Palm Garden, Florida showing L4-5 central broad disc herniation with impingement of the anterior thecal sac and an L5-S1 broad based disc herniation. There is an MRI from Beaches MRI of the left hip 4/5/2014 shows suspected left acetabular anterior labral nondisplaced tear, mild degenerative changes of the hip. MRI right knee from Beaches MRI 4/5/2014, showing grade II strain of the biceps femoris, osteoarthritis of the patellofemoral joint. MRI of the left knee from 4/5/2014 from Beaches MRI, no meniscal tear with mild patellofemoral DJD noted. There is also a ganglion cyst noted in the posterior intercondylar region. There are MRIs of the right shoulder from 7/30/1993, MRI of Greater Kansas City, overall impression was attenuation fluid subscapularis fossa interposed in between the posterior superior surface of the subscapularis muscle. Also, there are ganglion cysts. MRI of the left shoulder, October 11, 1995, overall impression is posterior joint capsule fluid, tear of the posterior glenoid labrum is also present and some edema. MRI of the right wrist from Kansas City Imaging Center, dated February 14, 1995. Overall, it was a normal MRI of the right wrist. There was no evidence of a TFCC tear. There are two additional MRIs, one of the left knee on 1/23/1992, showing anterior horn medial meniscus tear, lateral meniscus. MRI of the left knee from 10/5/1992 at the Magnetic Resonance Institution Greater Kansas City, showing moderate thinning of the articular cartilage and medial ridge of the patella and thickening of the medial shelf. Patient did have several IMEs including one from Neurological Consultants on April 8, 2014; in that evaluation states the patient was felt to have a mild cognitive disorder and recommended a reevaluation in approximately one year. There is a comprehensive rehabilitation evaluation done by Craig Lichtblau, physical medicine rehabilitation on 3/31/2014; he reports there is indication of the player's history of playing in the National Football League from 1992 to 2001 and being on several teams including the Kansas City, New Orleans, San Diego, and Oakland. There is a vague indication that the patient had arthroscopic procedures done in both knees from 1994 to 1995. I already stated the two operative reports that I found. Also, there is indication patient may have had right shoulder surgery back in 1996. In this extensive report, he summarized the player's history, his previous studies, which I have also summarized and his conclusions. There is indication of the left shoulder surgery as mentioned before, which was an arthroscopic subacromial decompression and coracoacromial

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ligament resection with distal clavicle resection and anterosuperior labral repair done on 2/5/2001 by Dr. David Chao.

ASSESSMENT

1. Cervical DJD early C4-6 with C5-6 central disc herniation and C6-7 central disc herniation.
2. Lumbar broad based disc herniation, L4-5 and L5-S1.
3. Bilateral shoulder moderate ac joint DJD, status post left shoulder distal clavicle resection with early DJD left shoulder.
4. Right hand fifth digit PIP contracture. Range of motion 30-90 degrees.
5. Right hip anterior labral tear per MRI. No obvious degenerative changes per the x-rays with decreased range of motion.
6. Bilateral knee patellofemoral DJD, moderate.

PLAN

I think under the circumstances, it is my feeling that this gentleman probably can conduct himself in a light duty work capacity. This job would require him to alternate sitting and standing and walk short distances. He can also drive. I do not feel he is able to conduct himself in any capacity beyond that due to his current orthopedic illness which include his neck and back, which have evidence of degenerative herniated disc, shoulders with some early degenerative changes, his right hip with a labral tear, and his bilateral knees with moderate patellofemoral DJD.

Sincerely,



George H. Canizares, M.D.

GHC/shs

All Florida Orthopaedic Associates

T: 041515

JB#2990, 2991

RBM 05/14/2015

MICKELL-1258

A1374



May 1, 2015

Paul Scott, Director of Disability Benefits
200 St. Paul St., Suite 2420
Baltimore, MD 21208

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MAY 01 2015

NFL PLAYER BENEFITS

RE: Darren Mickell

Dear Mr. Scott and Board Members,

Thank you for the opportunity to address Ms. Chmielarz's letter regarding the neuropsychological evaluation conducted on April 27, 2015 and April 29, 2015. My recollection of events differs from Ms. Chmielarz's account, and I am happy to provide information which may clarify the matter. Due to examinee-related issues that arose during testing on April 27th, we divided the clinical interview into two sessions - April 27th (in-person) and April 29th (phone call). During my face-to-face interaction with Mr. Mickell, I formulated behavioral observations which are documented in the full report and incorporated in my interpretation and conclusions. I will address Ms. Chmielarz' points below however, the results of Mr. Mickell's evaluation are conclusive and supported by psychometric data.

On April 27th, 2015 Mr. Mickell presented to the evaluation on time and unaccompanied. Testing was conducted by my psychometrician, Ms. Amy Pruitt. She noted that Mr. Mickell was agitated prior to testing, that he reported being "frustrated, agitated, and in pain" while walking to the examination room. Mr. Mickell took 6 breaks from testing to walk around - citing anxiety, agitation, and nauseous as the primary reasons. On one occasion, he left testing for 45 minutes to reschedule his 3pm flight for a later time. He was unsuccessful in changing his flight.

The breaks significantly hindered progress. When I met with Mr. Mickell, I expressed concern that we could not complete the entire evaluation that day. This was due to the multiple unscheduled breaks, not because I was being rushed by the NFL as suggested by Ms. Chmielarz. Mr. Mickell and I discussed his options. He stated that he could not complete the evaluation over two days and needed to return that evening. To accommodate him, I prioritized the completion of psychometric testing on April 27th and offered to call him later that week to finish the interview (not Tuesday April 28th 2015 as stated by Ms. Chmielarz), I also offered to reschedule his flight to avoid further testing delays. Mr. Mickell agreed and provided his phone number and flight itinerary. I called Mr. Mickell on Wednesday April 29th 2015 to gather additional background data and complete the evaluation. Of note, the original departure time was 5pm, not 3pm as indicated by Mr. Mickell.



Ms. Chmeilarz is correct that clinical observations can be an important factor in data interpretation, particularly when one must determine whether psychiatric/medical illnesses, substance abuse, dissimulation, and other factors can explain suboptimal effort. As I mentioned earlier, my clinical observations are incorporated into the conclusions, but the conclusions are primarily supported by the psychometric data collected on April 27th. Please see the report for a full narrative.

Please contact me should you have additional questions. Thank you again for the opportunity to participate in Mr. Mickell's evaluation.

Sincerely,

Sutapa Ford, PhD



NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax: 410-572-0042

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Total & Permanent Disability Benefits

PHYSICIAN'S REPORT FORM

MAY 04 2015

NFL PLAYER BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Please notify Rose Mary Eves or Paul Scott at the Plan Office (Tel. No. (800)638-3186) if you are contacted by any of these individuals.

To Be Completed By Plan Office:

1. Player's Name <u>Darren Mickell</u>	Date of Birth <u>1970</u>
2. Address <u>9250 Chelsea Dr, Miramar, FL 33025</u>	
3. Credited Seasons <u>1992-1997, 1999-2000</u>	Telephone <u>(954)544-8203 M</u>

4. When did you first examine the player? 4/27/15, 4/29/155. Have you or have any of your partners ever treated the player? Yes No ✓6. What is the nature of the impairment? COGNITIVE DEFICITS, PSYCHIATRIC
ILLNESS (DEPRESSION, ANGER)

7. Impairment Information (attach additional sheets if necessary)

Impairment to:	Impairment results from:	Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence?
<u>BRAIN</u>	<input type="checkbox"/> Illness <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

Sutapa Ford, PhD
(Neutral Neuro-Psychologist)

RBM 05/14/2015

MICKELL-1263

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Physician's Report for *Darren Mickell*
Page 2

8. In your opinion, is the patient totally disabled to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

Yes _____

No

If you checked Yes:

- Specify the medical conditions and how these conditions prevent the Player from working.
-

- How long do you estimate the Player will be unable to be gainfully employed at any occupation? _____
-

If you checked No:

- In what type of employment can he engage?
-
-

9. Additional remarks by physician _____

Please attach the required Medical Report with this form.

Physician's Name (typed or printed): Sutapa Ford, PhD

Address Carolina Headache Institute, PA

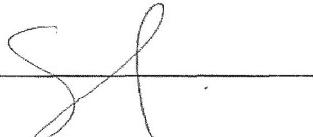
6114 Fayetteville Road

Durham, NC 27713

Telephone (919)942-4424

I certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narrative reports. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against this Player.

Signature _____



Examination Date 4/27/15

Mail completed form with your narrative report to Rose Mary Eves at the Bert Bell/Pete Rozelle NFL Player Retirement Plan, 200 St. Paul Place, Suite 2420, Baltimore, MD 21202-2040.

RBM 05/14/2015

MICKELL-1264

A1380

Neuropsychological Evaluation

Patient Name: Mr. Darren Mickell
Date of Birth: ████ 1970
Date of Testing: 04/27/2015; 04/29/2015

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MAY 01 2015

NFL PLAYER BENEFITS**TESTS ADMINISTERED**

Beck Anxiety Inventory (BAI)
 Beck Depression Inventory II (BDI-II)
 California Verbal Learning Test-II (CVLT-II)
 Delis Kaplan Executive Function System (DKEFS): Select tests
 Green Medical Symptom Validity Test (MSVT)
 Minnesota Multiphasic Personality Inventory 2-Restructured Form (MMPI-2-RF)
 Rey Complex Figure Test (RCFT)
 Structured Clinical Interview
 Test of Memory and Malingering (TOMM)
 Wechsler Adult Intelligence Scale IV (WAIS IV): select subtests
 Wechsler Memory Test-IV (WMS IV): select subtests
 Wisconsin Card Sort Test (WCST)

BEHAVIORAL OBSERVATIONS

Mr. Mickell arrived to the evaluation alone and on time. He was casually dressed, adequately groomed, and appeared his stated age. He was oriented to person, place, time, and situation. Mr. Mickell was agitated before testing began. He reported feeling "frustrated, agitated, and in pain" as he walked to the testing room. He also stated that the last evaluation was "bull" because the neurologist "only spent 20 minutes" with him and that he was having problems with the NFL. He reported his head pain as 6/10, which was a little worse than normal per Mr. Mickell.

During testing, Mr. Mickell stated that his anxiety was making him nauseous and sick. He took frequent breaks to walk outside which significantly slowed testing progress. Mr. Mickell left testing for 45 minutes during the CVLT-II learning/memory test which consequently invalidated the test results.

During the clinical interview, Mr. Mickell was initially agitated, but became more relaxed over time. Speech was pressured, occasionally mumbled, but with intact grammar, word finding, and articulation. Comprehension of instructions was intact. Thoughts were logical and mildly tangential. He was reluctant to answer questions about employment, which required repeated follow-up questioning. Mood was depressed, and affect was anxious. Mr. Mickell displayed mild paranoia with no evidence of delusions or hallucinations.

Due to slowed progress on testing, we discussed options for completion of the evaluation over multiple sessions. Mr. Mickell reported that he could not return for a second day. To accommodate Mr. Mickell, we agreed to focus on collection of psychometric data that day and complete the remainder of the interview by phone later that week. In addition, I agreed to reschedule Mr. Mickell for a later flight so that he could continue with testing. Overall, Mr. Mickall was cooperative and rapport was established.

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MICKELL-1265

A1381

EFFORT

Mr. Mickell failed all validity measures, performing at or below chance levels. On some measures, his performance was profoundly impaired (>5 SD below the mean) which is worse than individuals with severe TBI/dementia. Patients who are neurologically impaired to this extent are typically unable to perform basic and simple activities of daily living (e.g., self-grooming, cooking), much less independent travel and other higher level activities that Mr. Mickell performs on a regular basis (volunteer coaching, caregiving). In addition, research shows that individuals who are instructed to malinger on validity testing generate higher scores than Mr. Mickell produced. Suboptimal effort scores are associated with lowered neuropsychological test scores which is taken into consideration during interpretation.

RELEVANT PSYCHOSOCIAL/MEDICAL HISTORY

Darren Mickell is a 44 year-old, African American male who played for 9 seasons (1992-2002) as a defensive end for the Kansas City Chiefs, New Orleans Saints, San Diego Chargers, and Oakland Raiders. Current symptoms include near daily headaches, memory problems, poor concentration, anxiety with panic attacks, diminished confidence, social withdrawal, word finding difficulties, and depression with passive suicidal ideation. He was most concerned about rage responses and how his emotionality impacts his relationships. He reportedly participated in therapy with Dr. Todd, but discontinued after Dr. Todd became affiliated with the NFL. He expressed interest in seeking counseling for his mood. Mr. Mickell denied a history of psychiatric issues prior to 2007.

Concussion history is notable for multiple concussions. He reported at least 10 concussions while playing for the NFL. Some were reportedly accompanied by alterations in consciousness. Otherwise, his concussion history is unremarkable. Mr. Mickell failed drug testing in 1996 for marijuana and cocaine use. He completed a 2 week rehabilitation program, but stayed in the program longer by his own choice. Currently, he smokes marijuana daily to self-medicate his racing thoughts.

Mr. Mickell completed two neuropsychological evaluations (April 2014; August 2014). Dr. Todd completed the April 2014 evaluation over three sessions. Many of the tests scores were within average range and Dr. Todd reported good effort without supporting validity data to corroborate his observations. Despite intact cognitive scores, Dr. Todd concluded that Mr. Mickell evidenced mild cognitive disorder. Dr. Macciocchi, who conducted a re-evaluation in August 2014, documented impaired performance on validity measures which is associated with lowered scores in other neuropsychological domains. Despite Dr. Macciocchi's concerns about suboptimal effort, he concluded that there was no psychometric evidence that Mr. Mickell could not engage in full-time employment from a cognitive standpoint. To support his concussions, he offered that 6 test scores below T=40 to be statistically normal in a large test battery administered to persons with low average IQ. He attributed cognitive declines from the April 2014 evaluation to symptom exaggeration and/or psychiatric distress.

Mr. Mickell grew up in Miami Florida with his mother, three siblings, grandfather. He reported being an average student who was suspended for being "lazy" and skipping classes. He denied expulsions and repetition of classes. Growing up, Mr. Mickell enjoyed fishing, basketball, baseball, and track. He denied concussions, psychological trauma, and described his upbringing as happy. Mr. Mickell attended the University of Florida where he completed three years before joining the NFL.

Upon retirement from the NFL, Mr. Mickell serviced video game machines from 2006-2009 with a partner. After his partner moved away, he was unemployed from 2009-2012. From 2012-2014, he worked for a freight company as a fork lift driver. He left the job as orthopedic injuries, poor concentration, "mixing up" order requests, and conflict with others interfered with his job performance. He has been unemployed since then.

Currently, he is a caregiver for his live-in grandmother and 16-year-old daughter. He has four children, ranging from 15-26 years old. Mr. Mickell has been in his current relationship for 12 years and is engaged. On a typical day, he transports his kids to/from school and volunteers as an athletic coach.

TEST RESULTS

Intellectual Functioning: Intellect was intact. Mr. Mickell's pre-TBI intellectual abilities are conservatively estimated to be at Low Average. General intellectual functions were generally commensurate with expectations and prior cognitive testing (WAIS IV FSIQ, GAI).

Information Processing: Processing speed was mildly diminished. Psychomotor speed, verbally-mediated processing speed, and visually-mediate processing speed were average to mildly diminished (DKEFS Color Word Interference; Trail Making Test; WAIS IV PSI).

Attention/Working memory: Attention and working memory was mixed. Auditory attention was significantly impaired (WAIS IV Digit Span). Mental arithmetic, working memory and complex attention were intact (WAIS IV Arithmetic; DKEFS Category Switching; DKEFS Inhibition Switching).

Memory/Learning (Visual and Verbal): Memory was mixed. Verbal memory was mildly impaired for narratives (WMS IV LM). Subtle decrements in visual memory were evident (WMS IV Visual Reproduction). The CVLT-II test for word list was invalid due to prolonged delays during administration.

Executive Functioning: Executive abilities were intact. Abstraction, reasoning, problem-solving, inhibition, and set-shifting were within normal limits (WAIS-IV Matrix Reasoning, Visual Puzzles; Similarities; WCST).

Language Functioning: Language was mixed. Expressive language and receptive language were intact (DKEFS Verbal Fluency). Visual naming was severely impaired (BNT).

Visual Perceptual Skills: Visuoperceptual skills were mixed. Copy of simple designs were intact and severely impaired for complex visual designs (WMS IV VR, RCFT).

Personality /Mood: Psychological testing was suggestive of over-reporting. Mr. Mickell completed a lengthy self-report psychological inventory (MMPI 2 RF). A review of the validity scales revealed a consistent, but significantly exaggerated, response style as well as under-reporting on two scales (juvenile conduct problems and dissaffiliation). With that caution noted, scores on the substantive scales indicate somatic and cognitive complaints, and emotional, thought, behavioral, and interpersonal dysfunction. Somatic complaints include preoccupation with poor health, headache, neurological symptoms, and gastrointestinal problems. Cognitive complaints include difficulties in memory and concentration. Emotional findings include suicidal ideation, demoralization, depression, helplessness and hopelessness, self-doubt, stress and worry, anxiety, fears, and anger. Dysfunctional thinking relates to aberrant perceptions and thoughts. Behavioral problems relate to substance abuse. Interpersonal difficulties include social avoidance and social anxiety. Self-report measures without embedded validity metrics revealed severe depression and anxiety (BDI, BAI).

IMPRESSION

Mr. Mickell presented for a neuropsychological evaluation to determine eligibility for total and permanent disability benefits. Mr. Mickell failed all free-standing and embedded validity scores, performing at levels suggestive of significant exaggeration. Based on clinical observation and psychometric data, this may be due to elevated psychiatric distress and pain although the possibility of intentional exaggeration of symptoms cannot be entirely ruled out.

Despite poor performance on validity measures, cognitive scores were generally intact to mildly impaired. Comparison of Mr. Mickell's test scores to the August 2014 scores revealed consistency in performance across time. Mr. Mickell displayed mild fluctuations in test performance which is expected as part of normal variance in clinical scores. It is also common as his performance is likely influenced by psychiatric dysfunction, poor effort, pain or some combination thereof. Psychological testing revealed major depression and significant anxiety with evidence of symptom exaggeration.

From a neurocognitive standpoint, there is insufficient evidence supporting the notion that Mr. Mickell is incapable of full-time employment as his scores are generally intact or mildly diminished. More significant to his functional capacity is psychiatric dysfunction, and it is therefore recommended that Mr. Mickell undergo a thorough psychiatric assessment which includes validity testing and formal assessment of response biases. Mr. Mickell's self-reported cognitive complaints are likely secondary to other factors, rather than neurological dysfunction, and may therefore improve with targeted treatment.

Please contact me if you have questions.

Sincerely,



Sutapa Ford, PhD

Neuropsychological Test Scores

Age (years): 44 Education (years): 15

WAIS-IV Composite Scores	Age SS	Demographic Adjusted T score	%tile	Description
Composite Scores				
Verbal Comprehension (VCI)	91	44	27	Average
Perceptual Reasoning (PRI)	88	42	21	Below average
Working Memory (WMI)	69	29	2	Moderate impairment
Processing Speed (PSI)	76	34	5	Mild impairment
Full Scale I.Q. (FSIQ)	79	36	8	Borderline impairment
General Ability (GAI)	88	42	21	Below average
Subtest Scores				
Verbal Comprehension				
Similarities	8	44	25	Average
Information	9	47	37	Average
Perceptual Reasoning				
Block Design	8	44	25	Average
Visual Puzzles	6	37	9	Borderline impairment
Working Memory				
Digit Span	2	23	<1	Severe impairment
Arithmetic	7	40	16	Borderline impairment
Processing Speed				
Symbol Search	5	34	5	Mild impairment
Coding	6	37	9	Borderline impairment

Test	Score	T-Score	%tile	Description
Effort Measures				
Test of Memory Malingering Trial 1	15	N/A	-	Fail
Test of Memory Malingering Trial 2	18	N/A	-	Fail
Medical Symptom Validity Test IR	65	N/A	-	Fail
Medical Symptom Validity Test DR	60	N/A	-	Fail
Medical Symptom Validity Test CNS	55	N/A	-	Fail
Medical Symptom Validity Test PA	40	N/A	-	Fail
Medical Symptom Validity Test FR	45	N/A	-	Fail
CVLT-II Forced Choice Recognition	6/16	N/A	-	Fail
Reliable Digit Span (RDS)	5	N/A	10-25	Fail
Pre-morbid Intellectual Functioning				
TOPF Estimate IQ (Standard Score)	87	N/A	19	Below average
Processing Speed/Efficiency				
WAIS-IV Symbol Search (SS)	5	34	5	Mild impairment
WAIS-IV Coding (SS)	6	37	9	Borderline impairment

D-KEFS Visual Scanning (SS)	8	N/A	25	Average
D-KEFS Number Sequencing (SS)	11	N/A	63	Average
D-KEFS Letter Sequencing (SS)	10	N/A	50	Average

Test	Score	T-Score	%tile	Description
Executive Functioning				
Wisconsin Card Sorting Test (WCST)				
Categories Completed	2	N/A	11-16	Not WNL
Perv. Responses (Raw Score)	8	43	23	Below average
Perv Errors	8	42	21	Below average
Failures to Maintain Set (Raw)	3	N/A	-	-
DKEFS Color Naming (SS)	7	N/A	16	Borderline impairment
Word Reading (SS)	6	N/A	9	Borderline impairment
Inhibition (SS)	8	N/A	25	Average
Inhibition/Switching	7	N/A	16	Borderline impairment
Number Letter Switching (SS)	9	N/A	25	Average
Phonemic Fluency (SS)	9	N/A	37	Average
Category Fluency (SS)	6	N/A	9	Borderline impairment
Category Switching (SS)	9	N/A	37	Average
Attention				
WAIS IV Digit Span (SS)	2	23	<1	Severe impairment
Verbal Learning/Recent Memory				
CVLT II Trial 1 (z-score)				
Trial 5 (z-score)				
Sum Trials 1-5 (T-Score)				
Short Delay Free Recall (z-score)				
Short Delay Cued Recall (z-score)				
Long Delay Free Recall (z-score)				
Long Delay Cued Recall (z-score)				
LDFR v SDFR (z-score)				
Learning Slope (z-score)				
Repetitions (z-score)				
Intrusions (z-score)				
WMS-IV Logical Memory I (SS)	5	34	5	Mild impairment
Logical Memory II (SS)	3	27	1	Moderate impairment
Nonverbal Learning/Recent Memory				
WMS IV Visual Reproduction I (SS)	6	37	9	Borderline impairment
Visual Reproduction II (SS)	6	37	9	Borderline impairment

Test	Score	T-Score	%tile	Description
Language				
Boston Naming Test (SS)	48	20	<1	Profound impairment
DKEFS Categorical Fluency (SS)	6	N/A	9	Borderline impairment
Spatial-Perceptual Skills				
Rey-Osterrieth Figure Copy (SS)	29	<26	<1	Severe impairment
WAIS IV Block Design (SS)	8	44	25	Average
Motor Speed				
DKEFS Motor Speed (SS)	9	47	37	Average

Personality/Mood	Score	Range
BDI-II	Raw=34	Severe
BAI	Raw=35	Severe
MMPI 2-RF	T-Score	
True Response Inconsistency (TRIN-r)	57F	Valid
Symptom Validity (FBS-r)	102	Significant
Emotional/Internalization Dysfunction(EID)	80	Significant
Thought Dysfunction (THD)	67	Significant
Behavioral/Externalizing Dysfunction (BXD)	50	No sign of dysfunction
Demoralization (RCd)	75	Significant
Somatic Complaints (RC1)	99	Significant
Low Positive Emotions (RC2)	88	Significant
Cynicism (RC3)	47	No sign of dysfunction
Antisocial Behavior (RC4)	59	No sign of dysfunction
Ideas of Persecution (RC6)	56	No sign of dysfunction
Dysfunctional Negative Emotions (RC7)	70	Significant
Aberrant Experiences (RC8)	76	Significant
Hypomanic Activation (RC9)	46	No sign of dysfunction
Neurologic Complaints (NUC)	96	Significant
Head Pain Complaints (HPC)	85	Significant
Cognitive Complaints (COG)	86	Significant
Suicidal/Death Ideation (SUI)	66	Significant
Anxiety (AXY)	91	Significant
Stress/Worry (STW)	81	Significant
Substance Abuse (SUB)	77	Significant
Aggression (AGG)	56	No sign of dysfunction
Anger Proneness (ANP)	66	Significant

Miscellaneous additional material presented at May 2015 RBM



Bert Bell/Pete Rozelle NFL Player Retirement Plan

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008
410-685-5069 • 800-638-3186 • Fax 410-783-0041

Total & Permanent Disability Benefits

RECEIVED

PHYSICIAN'S REPORT FORM

JUN 19 2014

Notice to Physician: To preserve your independence and the integrity of the **NFL PLAYERS BENEFITS** you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Please notify Rose Mary Eves or Paul Scott at the Plan Office (Tel. No. (800)638-3186) if you are contacted by any of these individuals.

To Be Completed By Plan Office:

1. Player's Name Darren Mickell Date of Birth 1970
 2. Address 9250 Chelsea Dr, Miramar, FL 33025
 3. Credited Seasons 1992-1997, 1999-2000 Telephone (786)277-5788 M

4. When did you first examine the player? 06/17/20145. Have you or have any of your partners ever treated the player? Yes No ✓

6. What is the nature of the impairment? _____

7. Impairment Information (attach additional sheets if necessary)

Impairment to:	Impairment results from:	Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence?
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

Chaim Arlosoroff, M.D.
(Neutral Orthopaedist)

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1274

A1390

Physician's Report for **Darren Mickell**
Page 2

8. In your opinion, is the patient totally disabled to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

Yes _____

No

If you checked Yes:

- Specify the medical conditions and how these conditions prevent the Player from working.
-

- How long do you estimate the Player will be unable to be gainfully employed at any occupation? _____
-

If you checked No:

- In what type of employment can he engage?

Any employment c restrictions: no repetitive kneeling or squatting, no repetitive climbing, avoid heavy lifting above shoulder or height

9. Additional remarks by physician _____

Please attach the required Medical Report with this form.

Physician's Name (typed or printed): Chaim Arlosoroff, M.D.

Address Orthopaedic Clinic Specialists

733 U.S. Highway One

North Palm Beach, FL 33408

Telephone (561)840-1090

I certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narrative reports. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against this Player.

Signature

Examination Date

06/19/2014

Mail completed form with your narrative report to Rose Mary Eves at the Bert Bell/Pete Rozelle NFL Player Retirement Plan, 200 St. Paul Place, Suite 2420, Baltimore, MD 21202-2040.

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MICKELL-1275

A1391

ORTHOPAEDIC CARE SPECIALISTS

RICHARD L. WEINER, M.D.*
 STEVEN R. SASLOW, D.O.*
 ANDREW I. SCHNEIDER, M.D.*

CHAIM ARLOSOROFF, M.D.*
 ALEXANDER N. LENARD, M.D.*
 THOMAS F. SAYLOR, M.D.*

733 U.S. HIGHWAY ONE
 NORTH PALM BEACH, FL 33408

OFFICE: (561) 840-1090
 FAX: (561) 840-0791

*Board Certified American Board of Orthopaedic Surgery

RE: MICKELL, DARREN
 DATE: 6/17/2014

NEUTRAL PHYSICIAN'S EVALUATION:

The evaluation took place at the Orthopaedic Care Specialists Clinic on 733 U.S. Highway 1, North Palm Beach, Florida on Tuesday, 06/17/2014. The evaluation was done on behalf of the Bert Bell/Pete Rozelle NFL Player Retirement Plan and was done for the purposes of total and permanent disability benefits.

CHIEF COMPLAINTS:

1. Bilateral knees pain.
2. Right hip pain.
3. Low back pain.
4. Bilateral shoulders pain.

HISTORY OF PRESENT ILLNESS:

Mr. Darren Mickell is a 43-year-old retired National Football League defensive tackle. He played 10 seasons at the NFL. He started his career at Miami Senior High School in Miami, Florida where he played 4 years of football. During his years in high school, he did not have any significant orthopaedic injuries.

In 1989, he started his collegiate career at the University of Florida. He played 3 years at the University of Florida as a defensive end. In 1989, he recalls a left knee arthroscopy for a torn meniscus. The surgery was done at the end of the season and he, therefore, did not miss any games. He believes that he had another knee arthroscopy during college, also a left knee arthroscopy. However, he is not sure about it and cannot recall the reason it was done for.

In 1992, he was drafted by the Kansas City Chiefs in the supplemental draft. He played 4 years for the Kansas City Chiefs. In 1996, he had arthroscopy of both the right and left knees. The procedure was done at the same time, and after the season was over.

Between 1996 and 1998, the player played for the New Orleans Saints for 3 seasons. He recalls a shoulder surgery for a rotator cuff tear. He does not recall which shoulder was done during his time with the Saints since he had another shoulder surgery in the opposite shoulder later on while with the San-Diego Chargers. The shoulder surgery was done after the season and he did not miss any play time.

In 1999, he was with the San Diego Chargers. He had his other shoulder surgery. He does recall if this was right or left, and he believes it was done for an AC joint injury. He was able to recover from the injury, and in 2000, joined the Oakland Raiders. He only played for the Raiders for 1 game and then he was released. He has not played any football since 2000.

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PAST MEDICAL HISTORY:

Patient denies history of diabetes, hypertension, heart disease, or peptic ulcer disease.

MEDICATIONS:

No regular medications, but he takes hydrocodone on an as needed basis. The medication is being prescribed to him by a pain management physician in Miami. He cannot recall the name of the doctor.

ALLERGIES:

No known drug allergies.

PAST SURGICAL HISTORY:

1. Left knee arthroscopy between 1989 and 1991 during his college career. He believes it was the left knee and had 2 surgeries.
2. 1996, arthroscopy of the right and left knee at the same time while with the Kansas City Chiefs.
3. Shoulder surgery during 1996 to 1998 with the New Orleans Saints.
4. Shoulder surgery with the San Diego Chargers between 1999 and 2000.

SOCIAL HISTORY:

He drinks socially, does not smoke any cigarettes. Does admit to occasionally smoking pot. He has his own business, an amusement game and bar such as video games, slot machines, pool tables, etc. He is not married. He has got 4 kids, 2 of which live with him in South Florida.

REVIEW OF RECORDS:

There were no records for review. No x-rays or MRIs.

PHYSICAL EXAMINATION:

Mr. Darren Mickell is a 43-year-old. He is 6 feet 5 inches, 270 pounds. He comes to the office without any braces or assistive devices. He does not have any significant problems or issue with the physical examination. The examination was done as a comprehensive whole body orthopaedic exam. I have had Felicia, our medial assistant, present during the physical examination with the permission of Mr. Mickell.

Examination of the cervical spine - No scars and no focal tenderness areas. Flexion to 53 degrees, extension to 31 degrees, right rotation to 45 degrees, and left rotation to 45 degrees. Left lateral bending to 28 degrees and right lateral bending to 31 degrees. There were no focal motor or sensory deficits involving the upper extremities. The reflexes were equal and symmetrical.

Examination of right shoulder - Three arthroscopic portals which are well-healed. No prominence over the AC joint. No tenderness over the AC joint. Forward flexion 145 degrees, abduction 150 degrees, internal rotation at 90 degrees of abduction to 30 degrees and external rotation at 90 degrees of abduction to 80 degrees. There was no rotator cuff weakness, mild positive impingement sign with the Neer and Hawkins' maneuvers, and negative cross arm test.

Examination of left shoulder - Three arthroscopic portals which are well-healed. Forward flexion to 145

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MICKELL-1277

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